

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214529160						
<div style="display: flex; justify-content: space-between;"> <div> 1.) CORPORATION NAME: Patient Advocate Foundation 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JAMES C SMITH JR 101 MILL RD SUITE B YORKTOWN, VA </div> <div> DUE DATE: 6/30/2014 SCC ID NO: 04673208 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED				
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE: YORK COUNTY								
4.) STATE OR COUNTRY OF INCORPORATION: VA								
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 421 BUTLER FARM ROAD CITY/ST/ZIP: HAMPTON, VA 23666 </div>								
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.								
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NAME:	F. Marc Stewart, MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	825 Eastlake Ave, E Mail Stop: G3-201		
CITY/ST/ZIP/CO:	Seattle, WA 98109		
NAME:	Alan J Balch, PhD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	421 Butler Farm Road		
CITY/ST/ZIP/CO:	Hampton, VA 23666		
NAME:	Al Benson, III, MD, FACP	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Executive Board		
ADDRESS:	676 North St. Clair Sreet Suite 850		
CITY/ST/ZIP/CO:	Chicago, IL 60611		
NAME:	Christopher Boone, PhD, MSHA, FAHE, CPHIMS, PMP	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Executive Board		
ADDRESS:	1350 Connecticut Avenue, NW		
CITY/ST/ZIP/CO:	Washington, DC 20036		
NAME:	John H Ennis	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Co-Fndr, BOD		
ADDRESS:	421 Butler Farm Road		
CITY/ST/ZIP/CO:	Hampton, VA 23666		
NAME:	Brian Garofalo	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Executive Board		
ADDRESS:	Northway 10 Executive Park 315 Ushers Road		
CITY/ST/ZIP/CO:	Ballston Lake, NY 12019		
NAME:	John Harrington, MBA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Executive Board		
ADDRESS:	350 Third Street Unit 1215		
CITY/ST/ZIP/CO:	Cambridge, MA 02142		
NAME:	Lovell Jones, PhD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Executive Board		
ADDRESS:	1151 Mulholland		
CITY/ST/ZIP/CO:	Stafford, TX 77477-1204		
NAME:	Otis Maynard, Esq.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Executive Board		
ADDRESS:	185 Asylum Street CT-039-20A		
CITY/ST/ZIP/CO:	Hartford, CT 06103		
NAME:	Andy Miller, MSHE, MCHES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Executive Board		
ADDRESS:	2508 Cedarview Drive		
CITY/ST/ZIP/CO:	Austin, TX 78704		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Pearl Moore, RN, MN, FAAN Executive Board 5701 Center Avenue Essex House, Apt. 411 Pittsburgh, PA 15206	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Robert M Rifkin, MD, FACP Executive Board 1800 Williams Street Suite 200 Denver, CO 80218	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Lori Williams, PhD, MSN, RN Executive Board 1400 Pressler Drive Unit 1450 Houston, TX 77030	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	W Jackson Wisdom, Esq Executive Board Niels Esperson Building 808 Travis St., 20th Floor Houston, TX 77002	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Fran Castellow, MSEd Pres., Operation 421 Butler Farm Road Hampton, VA 23666	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Nancy E. Patterson Pres, Mission De 421 Butler Farm Road Hampton, VA 23666	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	William J Nason COO 421 Butler Farm Road Hampton, VA 23666	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Alan J Balch, PhD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Alan J Balch, PhD, PRINTED NAME AND CORPORATE TITLE	6/5/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			